

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">678728</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7	1						57				
8	1						58				
9		1					59				
10		1					60				
11		1					61				
12	1						62				
13	1						63				
14	1						64				
15	1						65				
16		1					66				
17	1						67				
18	1						68				
19	1						69				
20		1					70				
21		1					71				
22	1						72				
23		1					73				
24		1					74				
25	1						75				
26		1					76				
27		1					77				
28	1						78				
29		1					79				
30		1					80				
31	1						81				
32		1					82				
33		1					83				
34	1						84				
35		1					85				
36	1						86				
37		1					87				
38		1					88				
39	1						89				
40	1						90				
41		2					91				
42		2					92				
43	1						93				
44	1						94				
45		2					95				
46		2					96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	20						TOTAL IND.				
TOTAL DEP.	30						TOTAL DEP.				
TOTAL CLAIMS	50						TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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